

**Facsimile Transmission**

May 13, 2003

WRITER'S DIRECT DIAL:  
650 849-7721  
INTERNET ADDRESS:  
GWilliams@PENNIE.COM  
DIRECT FAX NUMBER:  
650 849-1305

Palo Alto, CA.  
3300 Hillview Avenue  
Palo Alto, California 94304  
(650) 493-4935  
Facsimile: (650) 493-5556

Sender: Bobbie Jutras for Gary Williams

Pages (including this page): 13

Attorney Docket No.: 9840-0055-999

|                               |                                  |
|-------------------------------|----------------------------------|
| Recipient: Ms. Wynette Stapor | Facsimile Number: (703) 746-6880 |
| Company: U.S. Patent Office   | Your Ref.: 09/584,835            |

Confirmation copy will not follow.

Re: U.S. Patent Application No. 09/584,835  
Applicants: Conant et al.  
Title: Staggered Torsional Electrostatic  
Combdrive and Method of Forming Same

**Message**

Dear Ms. Stapor:

Per our telephone conversation today, attached is the Express Mail certification and receipt, stamped, return postcard and Amendment as filed on March 10, 2003 for the above patent application.

As discussed, please contact me at (650) 849-7715 within the next couple of weeks regarding the status of the application.

Thank you for your help with this matter.

---

If you have any problems regarding this transmission, please contact Bobbie Jutras at 650 849-7715.







The information contained in this facsimile message is information protected by attorney-client and/or the attorney work product privilege. It is intended only for the use of the individual named above and the privileges are not waived by virtue of this having been sent by facsimile. If the person actually receiving this facsimile or any other reader of the facsimile is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us.

Patent

DATE: March 10, 2003THE EXPRESS MAIL NUMBER OF THE-DAY IS EL 451 599 730 USTHE PERSON TAKING EXPRESS MAIL  
TO THE POST OFFICE IS: Ronnie Hernandez**EL 451 599 730 US****EXPRESS MAIL CERTIFICATION**

Date of Deposit March 10, 2003 hereby certify that the below-listed papers or fees were inserted into a package that was addressed to the Assistant Commissioner For Patents, Washington, D.C. 20231 and was deposited by me with the United States Postal Service "Express Mail Post Office Addressee" service under 37 C.F.R. §1.10 on the date indicated above.

Signature Date 3-10-03

|              |            |                 |  |  |
|--------------|------------|-----------------|--|--|
| BBM/drm ✓    | 03/11/03 ✓ | 8484-103-999 ✓  | Part B- Issue Fee Transmittal (copy); Postcard ✓   |         |
| BBM/drm ✓    | 03/11/03 ✓ | 8484-104-999 ✓  | Part B- Issue Fee Transmittal (copy); Postcard ✓   |        |
| GSW/bj ✓     | 03/09/03 ✓ | 9840-0055-999 ✓ | Transmittal; Amendment; postcard ✓   |       |
| AJG/RRB/ab ✓ | n/a ✓      | 11114-005-999 ✓ | Utility Transmittal; Fee Transmittal (dupl); Application (50 pgs); 6 sheets of drawings for Figures 1-6; Declaration (executed); Assignment (executed); Recordation Cover Sheet (dupl); Power of Attorney by Assignee (executed); postcard ✓   |       |
| TDK/sjk ✓    | 6/29/03 ✓  | 11037-115-999 ✓ | Utility Patent Application Transmittal; Patent Application Fee Value (in duplicate); Specification (22 pages); 7 Sheets of Formal Drawings; Executed Declaration; Executed Assignment; Recordation Form Cover Sheet (in duplicate); Certified Copy of Priority Document (Korea); Return Postcard ✓ | x<br> |
| TDK/sjk ✓    | 8/23/03 ✓  | 11037-114-999 ✓ | Utility Patent Application Transmittal; Patent Application Fee Value (in duplicate); Specification (10 pages) 2 Sheets of Formal Drawings; Executed Declaration; Executed Assignment; Recordation Form Cover Sheet (in duplicate); Certified Copy of Priority Document (Korea); Return Postcard ✓  | x<br> |

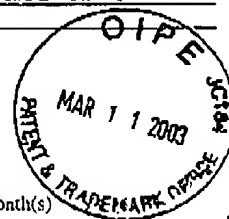
| POST OFFICE<br>TO ADDRESSEE   |  | EXPRESS<br>MAIL   |  | UNITED STATES POSTAL SERVICE™ |  |
|---|--|---|--|-------------------------------|--|
| <p>MAIN (POSTAL USE ONLY)</p> <p>021 Code 95173</p> <p>Postage \$37.50</p> <p>Return Receipt Fee</p> <p>COD Fee</p> <p>Insurance Fee</p> <p>Total Postage &amp; Fees \$37.50</p>  |  |   |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |
| <p>Day of Delivery</p> <p>Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> Holiday <input type="checkbox"/></p> |  | <p>Pay To: Employee</p> <p>Pay To: Other <input type="checkbox"/></p> |  |                               |  |

Express Mail No. EL 451 599 730 US First Class Mail ( )  
 Date Mailed March 10, 2003  
 Serial No. 09/584,835 Filed 05/31/2000  
 Inventor CONANT et al.  
 For STAGGERED TORSIONAL ELECTROSTATIC COMBDRIVE AND METHOD OF FORMING SAME  
**DUE: 03/09/03**

|   |  |
|---|--|
| <input type="checkbox"/> Affidavit/Declaration  | <input type="checkbox"/> Fee Address Indication Form   |
| <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Response                     | <input type="checkbox"/> Fee Calculation   |
| <input type="checkbox"/> Application _____ pages  | <input type="checkbox"/> Issue Fee Transmittal   |
| <input type="checkbox"/> _____ claims _____ drawing sheets  | <input type="checkbox"/> Notice of Appeal  |
| <input type="checkbox"/> Assignment <input type="checkbox"/> Cover Sheet                            | <input type="checkbox"/> Oral Hearing Request/Confirm  |
| <input type="checkbox"/> Brief (in triplicate)  | <input type="checkbox"/> Petition to Extend Time _____ month(s)  |
| <input type="checkbox"/> Declaration & Power of Attorney  | <input type="checkbox"/> Petition under 37 C.F.R. _____  |
| <input type="checkbox"/> Executed <input type="checkbox"/> Unexecuted <input type="checkbox"/> Copy | <input type="checkbox"/> Power of Attorney   |
| <input type="checkbox"/> Declaration of Inventor(s)   | <input type="checkbox"/> by Assignee <input type="checkbox"/> Associate <input type="checkbox"/> with Revocation |
| <input type="checkbox"/> Executed <input type="checkbox"/> Unexecuted <input type="checkbox"/> Copy | <input type="checkbox"/> Request for Correction of Filing Receipt  |
| <input type="checkbox"/> Design Application   | <input type="checkbox"/> Sequence Listing w/Computer Readable and Paper Copy                                     |
| <input type="checkbox"/> Disclaimer <input type="checkbox"/> Disclaimer Fee                         | <input type="checkbox"/> Small Entity Statement  |
| <input type="checkbox"/> Disclosure Statement <input type="checkbox"/> Form PTO-1449                | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> w/refs. <input type="checkbox"/> w/o refs.                                 | <input checked="" type="checkbox"/> Transmittal Letter   |
| <input type="checkbox"/> Drawings, Formal   |  |
| _____ Sheets _____ Figures  |  |

Other: \_\_\_\_\_

File No. 9840-0055-999 Sender: GSW/bj



Express Mail No.: EL 451 599 730 US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:  
CONANT et al.Application No.: 09/584,835  
Filed: May 31, 2000  
For: *Staggered Torsional Electrostatic  
Combdrive and Method of Forming  
Same*

Confirmation No.: 2586

Group Art Unit: 2872  
Examiner: Robinson, Mark A.  
Attorney Docket No.: 9840-0055-999  
March 10, 2003TRANSMITTALAssistant Commissioner for Patents  
Washington, D.C. 20231

Sir:


Enclosed is an amendment responsive to the office action mailed December 9, 2002.

The Commissioner is hereby authorized to charge all fees that may be required, to Deposit Account No. 16-1150 (Order No. 9840-0055-999). A copy of this page is enclosed for such purpose.

Respectfully submitted,

Date March 10, 2003

31,066

  
Gary S. Williams

(Reg. No.)

PENNIE & EDMONDS LLP  
3300 Hillview Avenue  
Palo Alto, CA 94304  
(650) 493-4935

9840-0055-999, B00-045-1

CA1 - 325693.1

Amendment

Received from &lt; 650 493 5556 &gt; at 5/13/03 5:35:39 PM [Eastern Daylight Time]